## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifications.	ed below or directed otl	ng the Patent, advance of herwise in Block 1, by (	rders and notification of a) specifying a new corr	maintenance fees espondence address	vill be : ; and/or	mailed to the current (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPOND	Fe pa	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
FITZPATRICI 30 ROCKEFEL NEW YORK, N	I l: Str ad tra	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
							(Depositor's name)	
			<u>_</u>				(Signature)	
<u> </u>			L		r		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.	
10/748,208 TITLE OF INVENTION	12/31/2003 I: IMAGE PROCESSING	G METHOD, DEVICE A	Kitahiro Kaneda ND STORAGE MEDIUN	M THEREFOR	0	3500.013552.1	6674	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	12/20/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
SINGH, I	RACHNA	2176	715-500000	<del></del>				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			(1) the names of up to agents OR, alternated (2) the name of a sing registered attorney or 2 registered patent att	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  FITZPATRICK, CELLA,  HARPER & SCINTO  2  3				
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIC CANON KAE	less an assignee is ident h in 37 CFR 3.11. Comp GNEE BUSHIKI KAISHA	ified below, no assignee oletion of this form is NO	(B) RESIDENCE: (CIT	patent. If an assign assignment. Y and STATE OR ( TOKYO, JE	COUNT APAN	RY)	cument has been filed for	
Please check the appropr  4a. The following fee(s)  Issue Fee  Publication Fee (N  Advance Order - 3	are submitted:	A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503939 (enclose an extra copy of this form).						
	s SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no load from anyone other than				R 1.27(g)(2).	
Authorized Signature  Typed or printed name	Jewije	tes Patent and Trademark  A , DOO  Reda	Office.		tobe	r   8, 2007	- Silver party III	
	ons for reducing this bur firginia 22313-1450. DO						by the USPTO to process) gathering, preparing, and e you require to complete truent of Commerce, P.O. or Patents, P.O. Box 1450,	

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.